



CENTER FOR MEDICARE

DATE: February 8, 2011

TO: All Part D Plans

FROM: Cynthia G. Tudor, Ph.D., Director
Medicare Drug Benefit and C & D Data Group

SUBJECT: Submission of 2010 Beneficiary-Level Medication Therapy Management (MTM) Program Data

The Centers for Medicare & Medicaid Services (CMS) requires that Part D organizations with an approved Medication Therapy Management (MTM) program submit beneficiary-level MTM program data for Contract Year (CY) 2010. If your organization is required to submit MTM data in HPMS for Section I of the Part D Reporting Requirements, then you must also submit MTM data files for Section II.

CMS is now accepting 2010 MTM data submissions with data due no later than **February 28, 2011**. This memo is intended to provide information regarding the submission process.

Methods of Transmission

You will be submitting your CY 2010 beneficiary-level MTM data using the secure CMS Enterprise File Transfer (EFT) infrastructure that you currently use to submit other beneficiary-specific information to CMS. You will use your existing Gentran or Connect:Direct service to upload your beneficiary-level MTM data files. If you utilize the services of a 3rd party vendor to submit information to Gentran or Connect:Direct, please notify them that you are required to submit beneficiary-level MTM data so that, if you desire, they can submit the file you create.

Record Layout and Naming Conventions

You must use the record layout provided in **Appendix A** for the submission of your CY 2010 beneficiary-level MTM data.

Accompanying this memo is also a sample MTM file submission; please use this as a guide.

Important Reminder: You must submit a separate file for each contract number.

Additionally, you must use the following file naming conventions to submit your data:

For Gentran Mailbox Users: guid.racfid.MTM.freq.ccccc.FUTURE.P

For Connect:Direct Users: P#EFT.IN.MTMP.Rcccc.DYYMMDD.THHMMSST

Code Key:

guid – IACS assigned GUID

racfid – RACFID if available; else literal NONE

freq – Freq code of file (use A for ad-hoc)

cccc – Contract Number (e.g., H0000)

yymmdd – year, month, day

hhmsst – hour, minute, second, tenth of second

If Connect:Direct users include “DYYMMDD.THHMMSST” in the incoming file name as a literal value, Connect:Direct will automatically convert the value to the current date and time.

In addition, Connect:Direct users must include an end of file marker (i.e., mark the file with an enter or a new line after the last record is written).

Validation Process and Response Files

CMS, with contractor support from Fu Associates, will access your beneficiary-level MTM data through the same secure EFT system, perform validations on your data, and provide you with a response file to indicate acceptance of the file or to indicate corrections that are needed.

- If you use Gentran to submit your data, then you should expect to see the following response file name: P.Rcccc.MTMRSP.Dyymmdd.Thhmsst.pn.
- If you use Connect:Direct to submit your data, then you should expect to see the following response file name: site-HLQ.Rcccc.MTMRSP.Dyymmdd.Thhmsst.

Please refer to **Appendices B and C** for sample response files, **Appendix D** for the response file layout and **Appendix E** for a listing of the reasons for rejection.

Fu Associates is performing this activity under contract to CMS and is accountable for adhering to Federal laws and regulations regarding security and confidentiality of personally identifiable information and PHI. If your response file indicates that corrections are needed, please resubmit or have your 3rd party vendor resubmit **a complete replacement file** for your contract number as soon as possible.

If you need access to Gentran or Connect:Direct, please contact the MAPD Help Desk at 1-800-927-8069 or mapdhelp@cms.hhs.gov.

For technical questions about the 2010 beneficiary-level MTM file specifications and submission process, please contact the HPMS Help Desk at either 1-800-220-2028 or HPMS@cms.hhs.gov.

For general questions about the 2010 beneficiary-level MTM data, please contact the Part D Plan Reporting mailbox at partd-planreporting@cms.hhs.gov.

Appendix A – MTM File Record Layout

NOTE: You must not include additional information outside of what is dictated in the record layout. You must not include a header row. Submissions that do not strictly adhere to the record layout will be rejected.

Beneficiaries Eligible for MTM Record Layout					
Field Name	Field Type	Field Length	Start Position	End Position	Field Description
Contract Number	CHAR REQUIRED	5	1	5	The Contract Number (e.g., H1234, S1234) for your organization.
HICN or RRB Number	CHAR REQUIRED	12	6	17	For each beneficiary identified to be eligible for MTM in the reporting period, provide the unique number that the Social Security Administration assigns to each Medicare beneficiary, which is the Health Insurance Claim number (HICN). For Railroad Retirement Board (RRB) beneficiaries, provide the RRB number in this field instead of the HICN.
Beneficiary First Name	CHAR REQUIRED	30	18	47	The first name of each beneficiary identified to be eligible for MTM in the reporting period.
Beneficiary Middle Initial	CHAR OPTIONAL	1	48	48	The middle initial of each beneficiary identified to be eligible for MTM in the reporting period.
Beneficiary Last Name	CHAR REQUIRED	30	49	78	The last name of each beneficiary identified to be eligible for MTM in the reporting period.

Beneficiary Date of Birth	DATE REQUIRED	8	79	86	The date of birth for each beneficiary identified to be eligible for MTM in the reporting period (CCYYMMDD, e.g., 19400101).
LTC Enrollment	CHAR REQUIRED	1	87	87	For each beneficiary eligible for MTM, indicate if the beneficiary was a long-term care (LTC) resident for the entire time they were enrolled in MTM. This should be Y (yes), N (no), or U (unknown). <i>If the beneficiary opted-out of MTM enrollment, indicate whether they were an LTC resident with Y (yes), N (no), or U (unknown).</i>
Date of MTM Enrollment	DATE REQUIRED	8	88	95	For each beneficiary identified to be eligible for the MTM in the reporting period, the date they were automatically enrolled (CCYYMMDD, e.g., 19400101).
Date MTM Opt-out, if applicable	DATE Conditionally REQUIRED	8	96	103	This should be a date field (CCYYMMDD, e.g., 19400101). <i>The date must be provided if the beneficiary opted out of MTM.</i>

Reason Participant Opted-out of MTM, if applicable	CHAR Conditionally REQUIRED	2	104	105	For each beneficiary with a disposition status of opted out of MTM, the reason must be provided. Reasons for opting out must be one of the following: 01 - Death; 02 - Disenrollment from Plan; 03 - Request by beneficiary; or 04 - Other. Note: If Date MTM Opt-out is provided, then Reason participant Opted-out of MTM is required.
Received annual comprehensive medication review	CHAR REQUIRED	1	106	106	For each beneficiary enrolled in MTM, indicate if the beneficiary received an annual comprehensive medication review. This should be Y (yes) or N (no).
Date of annual comprehensive medication review, if applicable	DATE Conditionally REQUIRED	8	107	114	This should be a date field (CCYYMMDD, e.g., 20100601). <i>The date must be provided if the beneficiary received an annual comprehensive medication review.</i>
Number of targeted medication reviews	NUMERIC REQUIRED	2	115	116	For each beneficiary enrolled in MTM, indicate the number of targeted medication reviews conducted. This should be a numeric field. If the beneficiary had no targeted medication reviews, enter 0.

Number of prescriber interventions	NUMERIC REQUIRED	2	117	118	For each beneficiary enrolled in MTM, indicate the number of prescriber interventions made. This should be a numeric field. If the beneficiary had no prescriber interventions, enter 0.
Number of changes to drug therapy made as a result of MTM interventions	NUMERIC REQUIRED	2	119	120	For each beneficiary enrolled in MTM, indicate the number of changes to drug therapy as a result of MTM interventions. Changes include dosage changes, therapeutic or generic substitutions, and discontinuation of therapy. This should be a numeric field. If the beneficiary had no drug therapy changes made as a result of MTM interventions, enter 0.

Appendix B – Sample Response File Format for a Passing Submission

FILE NAME: P#HPM.IN.EFT.MTMP.RH1234. D110125.T1155560
CONTRACT NUMBER: H1234
PROCESSED DATE: 2011-01-26

FILE PASSED

Note: The file name provided in the response file will not exactly match the file name submitted.

Appendix C – Sample Response File Format for a Failing Submission

FILE NAME: P#HPM.IN.EFT.MTMP.RH1234.D110125.T1155560
CONTRACT NUMBER: H1234
PROCESSED DATE: 2011-01-26

FILE REJECTED

Your submission was rejected for one or more reasons. If you did not follow the specified record layout exactly, the errors identified may be misleading. Data indicating which field(s) had a problem can be found below. There will be one record for each HICN or RRB submitted. The submitted HICN or RRB will be in positions 1-12. Flags in positions 13-27 will indicate whether the field is valid or invalid. The layout can be found in Appendix D. Criteria for validity can be found in Appendix E. Please make the necessary corrections and resubmit a complete replacement file, not just the records that had a problem. Thank you.

123456789A 0001000000000000
123456789B 0000001000000000
123456789C1 000010000010001

Note: The file name provided in the response file will not exactly match the file name submitted.

Appendix D – Response File Layout

NOTE: The first several rows will indicate whether your file has passed or failed validation. If your submission failed, data indicating which field(s) had a problem will follow. There will be one record for each HICN or RRB submitted. The submitted HICN or RRB will be in positions 1-12. Flags in positions 13-27 will indicate whether the field is valid or invalid. Criteria for validity can be found in Appendix E.

MTM Response File Record Layout					
Field Name	Field Type	Field Length	Start Position	End Position	Field Description
HICN or RRB number	CHAR	12	1	12	Submitted HICN or RRB
Contract Number Flag	CHAR	1	13	13	0 = valid 1 = invalid
HIC or RRB Number Flag	CHAR	1	14	14	0 = valid 1 = invalid
Beneficiary First Name Flag	CHAR	1	15	15	0 = valid 1 = invalid
Beneficiary Middle Initial Flag	CHAR	1	16	16	0 = valid 1 = invalid
Beneficiary Last Name Flag	CHAR	1	17	17	0 = valid 1 = invalid
Beneficiary Date of Birth Flag	CHAR	1	18	18	0 = valid 1 = invalid
LTC Enrollment Flag	CHAR	1	19	19	0 = valid 1 = invalid
Date of MTM Enrollment Flag	CHAR	1	20	20	0 = valid 1 = invalid
Date MTM Opt-out Flag	CHAR	1	21	21	0 = valid 1 = invalid

MTM Response File Record Layout

Field Name	Field Type	Field Length	Start Position	End Position	Field Description
Reason Participant Opted-out of MTM Flag	CHAR	1	22	22	0 = valid 1 = invalid
Received annual comprehensive medication review flag	CHAR	1	23	23	0 = valid 1 = invalid
Date of annual comprehensive medication review flag	CHAR	1	24	24	0 = valid 1 = invalid
Number of targeted medication reviews flag	CHAR	1	25	25	0 = valid 1 = invalid
Number of prescriber interventions flag	CHAR	1	26	26	0 = valid 1 = invalid
Number of changes to drug therapy made as a result of MTM interventions flag	CHAR	1	27	27	0 = valid 1 = invalid

Appendix E – Reasons for Rejection

Submitted File Name:

Must have valid contract number eligible to submit MTM data and match contract numbers in file.
If required, must have valid date submitted in YYMMDD format.
If required, must have valid time submitted in HHMMSST format.

Contract Number:

Must be non-missing.
Must be 5 alphanumeric characters.
Must be valid contract number eligible to submit MTM data.
Must match contract number in file name and all other records.

HICN or RRB Number:

Must be non-missing.
Must be in valid HICN or RRB format.

Beneficiary First Name:

Must be non-missing.
Must have at least one alpha character.

Beneficiary Middle Initial:

If present, must contain one alpha character.

Beneficiary Last Name:

Must be non-missing.
Must have at least one alpha character.

Beneficiary Date of Birth:

Must be non-missing.
Must be in CCYYMMDD format.
Must be greater than 18900101.
Must not be after file submission date.
Must not be after MTM enrollment date.
Must not be after MTM Opt-out date.

LTC Enrollment:

Must be non-missing.
Must be only one of the following values: Y, N or U.

Date of MTM Enrollment:

Must be non-missing.
Must be in CCYYMMDD format.
Must be greater than 18900101.
Must not be after file submission date.
Must be greater than or equal to beneficiary date of birth.
Must be less than or equal to MTM Opt-out date.

Date of MTM Opt-Out:

If present:
Must be in CCYYMMDD format.
Must be greater than 18900101.
Must not be after file submission date.
Must be greater than or equal to MTM enrollment date.
In addition:
The reason participant opted out of MTM must be present.

Reason Participant Opted-Out of MTM:

If present:
Must be one of the following values: 01, 02, 03 or 04.
In addition:
The date participant opted out of MTM must be present.

Received annual comprehensive medication review

Must be non-missing.
Must be only one of the following values: Y, N.
In Addition:
Date of Annual Comprehensive Medication Review must be present.

Date of Annual Comprehensive Medication Review

If present:
Must be in CCYYMMDD format.
Must be greater than 18900101.
Must not be after file submission date.
Must be greater than or equal to Date of MTM Enrollment.
Must not be after MTM Opt-out date.
In Addition:
Received annual comprehensive medication review must be Y.

Number of Targeted Medication Reviews

Must be non-missing.
Must be a number from 0-99.

Number of Prescriber Interventions

Must be non-missing.

Must be a number from 0-99.

Number of Changes to Drug Therapy Made as a Result of MTM Interventions

Must be non-missing.

Must be a number from 0-99.